

## CHAPTER 12

### INFORMATION AND ASSISTANCE

#### 12-1 LEGAL AUTHORITY

##### 12-1.01 Older Americans Act (Federal)

The primary purpose of the Information and Assistance system and its component national, state and local Information and Assistance systems and services is to support all older adults and their caregivers in:

- Assessing their needs;
- Identifying the most appropriate services to meet their needs, and;
- Linking the older persons and caregivers to agencies providing these services.

Information and assistance systems are the vital link between older persons who need services and those who can provide them.

State and Area Agencies on Aging (“and Disability” in Tennessee) and local service providers operate information and assistance programs. Established by the 1973 Amendments to the Older Americans Act (OAA), these systems inform, guide, and link older persons to available, appropriate, and acceptable services to meet their needs.

##### 12-1.02 Tennessee Code (State)

Title 71        Welfare  
Chapter 5      Programs and Services for Poor Persons  
Part 14        Long Term Care Services Plan

71-5-1407. Long-term care client information, referral and assistance agency. —

(a) To address the need of the state of Tennessee to develop for the future the framework and infrastructure for a comprehensive long-term care system that makes an appropriate place for both institutional care and a broad array of home-based and community-based services (HBCS), this section establishes a program that is intended to provide information, referral and assistance on a wide variety of quality, cost-effective and affordable long-term care choices and that should be designed to provide data collection and individual assessment and referral to community-based services and appropriate placement in long-term care facilities.

(b) **Note:** TCA definitions omitted here for the purpose of brevity—see TCAD I&A definitions below.

(c) There is hereby established a long-term care client information, referral and assistance program, which shall be administered by the director (TCAD Executive Director) and shall be implemented by area agencies on aging (and disability) in accordance with the provisions of this section.

## **12-2 DEFINITIONS**

For the purposes of this chapter:

- (1) **Advocacy (for an individual):** Actions taken by I&A staff to ensure that people receive the benefits and services to which they are entitled and that organizations within the established service delivery system meet the collective needs of the community. For purposes of these standards, “advocacy” does not include legislative advocacy (lobbying).
- (2) **Caller, Consumer, Contact, Customer or Inquirer:** An individual, caregiver or agency seeking information and assistance through a phone call, e-mail, letter or office visit.
- (3) **Classification System (Taxonomy):** A structure for categorizing available human service information in the I&A resource database in a systematic, unambiguous way. A standard classification system provides a common language for human services, simplifies retrieval of service information, increases reliability and reporting of planning data, makes evaluation processes consistent, and facilitates national comparisons of data. See the “Inclusion/Exclusion” section of the “TN I&A Standards” in this chapter.
- (4) **Crisis Intervention:** The additional assistance needed to stabilize a situation until professional crisis intervention assistance can be arranged for the caller. See the definition of Endangerment Situation below.
- (5) **Endangerment Situation:** In the event of a contact with an individual who appears to be a danger to himself or others, the I&A Specialist shall follow established procedures to seek out additional professional assistance for the caller. An endangerment situation may include, but not be limited to, the threat of suicide or the threat of homicide or bodily harm. Examples of professional assistance include, but are not limited to contacting:
  - (A) 9-1-1 or law enforcement,
  - (B) The individual’s family if known,
  - (C) Adult Protective Service, or
  - (D) A Crisis Intervention Line
  - (E) Community Mental Health Crisis Stabilization Teamwhile the caller in crisis is still on the line. See the “Tennessee I&A Standards” section of this chapter for more information.
- (6) **Follow-up:** A contact with an individual to determine if previous information and

assistance or referral resulted in a positive outcome. Follow-up also includes the provision of additional assistance if needed.

- (7) I&A Service: OAA defines “information and assistance service” as a service for older individuals that –
  - (A) provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology;
  - (B) assesses the problems and capacities of the individuals;
  - (C) links the individuals to the opportunities and services that are available;
  - (D) to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, by establishing adequate follow-up procedures; and
  - (E) serves the entire community of older individuals, particularly –
    - (i) older individuals with greatest social need; and
    - (ii) older individuals with greatest economic need.

In Tennessee, I&A is also provided to adults with disabilities, caregivers and agencies or organizations calling on the behalf of an individual needing information.

- (8) Intake: A standardized format used by the I&A Specialist to begin the process of determining an individual’s eligibility for any available services.
- (9) Outreach: Creating the awareness of available services to target populations and/or community organizations.
- (10) Referral: If an individual needs assistance or services not provided by the AAAD, the caller is provided with contact information for another agency or organization that would better serve the individual’s needs. A referral includes enough information about each organization to assist inquirers in making an informed choice. The I&A Specialist also assists inquirers for whom services are unavailable by locating alternative resources, and, when necessary, actively participates in linking the inquirer to needed services by scheduling appointments, three-way calling, or negotiating for the inquirer.
- (11) Resource Database: A computerized listing of community services for older persons or adults with disabilities organized in a system established by the State Agency and populated and updated by the AAADs on an on-going basis using the statewide standards. See the “Tennessee I&A Standards” section of this chapter for more information. Beacon is the name of the database software currently used by TCAD.

## **12-3 ADMINISTRATIVE REQUIREMENTS**

### **12-3.01 State Agency**

- (1) The State Agency shall provide for the development and coordination of a statewide Information and Assistance System.
- (2) The State Agency shall develop uniform standards for the statewide Information and Assistance System. See the “Tennessee I&A Standards” section in this chapter for more information.
- (3) The State Agency shall establish quarterly program reports, compile and analyze program statistics, and distribute a quarterly statewide report.
- (4) The State Agency shall assess compliance with federal and state laws, regulations, and policies.
- (5) The State Agency shall evaluate the quality of service delivery and provide the AAADs with a written report of all quality assurance reports.
- (6) The State Agency shall provide technical assistance to the AAAD upon request or as determined necessary by the State Agency.
- (7) The State Agency shall sponsor statewide training relevant to the provision of information and assistance. The AAAD identified information and assistance staff shall attend all mandatory training events.
- (8) The State Agency shall purchase and maintain a database for the statewide resource directory.

### **12.3-.02 Area Agency on Aging and Disability (AAAD)**

- (1) Each AAAD shall support a mandated statewide Information and Assistance program that complies with the administrative requirements established by the State agency.
- (2) Each AAAD shall employ sufficient staff to provide Information and Assistance. At minimum, one full-time equivalent, dedicated person shall be employed to be responsible for handling the AAAD information and assistance service. See the “Tennessee I&A Standards” section in this chapter for more information. AIRS Certified Information and Referral Specialist - Aging certificate is required for the dedicated staff within the time frame as specified in the AIRS Standards (Bachelors or higher degree, 2-years of employment in I&R for applicants with an Associate degree, and 3-years of employment in I&R for applicants with a High School diploma or GED) of the start date for this position or at the release of this chapter, whichever comes first. AIRS recertification is required every two years.

- (3) I&A staff shall attend all State sanctioned I&A training as required.
- (4) Each AAAD shall provide information and community education to the general public, social service agencies and other agencies involved in services to older persons and adults with disabilities about services.
- (5) Each AAAD shall provide adequate supervision, office space, equipment and supplies, and administrative support to the Information and Assistance Program.
- (6) Each AAAD Information and Assistance Program shall comply with the standards established by the State Agency. See the “Tennessee I&A System Standards” section in this chapter for more information.
- (7) Each AAAD shall populate and maintain an accurate and up-to-date resource database according to the processes outlined in the “Tennessee I&A System Standards.”
- (8) Each AAAD shall be responsible for accurately collecting and reporting data, generating reports for the purposes of planning and advocacy, and assuring that inquirers are receiving the information requested.

## **12.4 REQUIRED PROGRAM STANDARDS FOR PROVIDERS**

### **12.4-.01 AIRS Standards**

Program standards for Information and Assistance shall follow the standards of the Alliance of Information and Referral Systems (AIRS). AIRS is an international membership association for professional information and referral providers. AIRS offers training and accreditation in providing information and referral. The complete and most current AIRS Standards may be found at [www.airs.org](http://www.airs.org) – the AIRS website. A summary of the AIRS Standards may be found in Appendix A of this chapter. Permission to use the summary and/or any other portion of the AIRS Standards Manual was granted to the State Agency (November 2006).

### **12.4-.02 Tennessee I&A Standards**

#### **I. – SERVICE DELIVERY**

##### **Information Provision**

- (A) Phone System – The phone system should have the capability of:
  - (1) Adjusting the number of rings to a minimum of five (5) before the call goes to another staff person or voice mail;
  - (2) Rolling the call over to another trained staff person to handle the call during business hours; and,

- (3) Rolling the call over to voice mail and/or an answering service after business hours.
  - (a) The message on the voice mail shall clearly explain when the office is open, what information is needed for a call back, and that the call back will be made within two business days.
  - (b) The message on the voice mail shall clearly explain what to do in an emergency situation.
- (B) Returning Calls – Calls that are captured on voice mail or by the answering service shall be returned within two business days.
- (C) Internet Contacts – Inquirers using the internet to access I&A shall receive an e-mail response or follow-up call within two business days.
- (D) Office Visits – Office visits may, or may not, be scheduled ahead of time but visitors seeking I&A should be treated the same regardless. The I&A Specialist should not receive calls while the visitor is being served.
- (E) Confidentiality (Also refer to Chapter V of this manual.)
  - (1) Sharing consumer information shall always be with the permission of the consumer and on a “Need to Know” basis. Identifying information shall not be disclosed among other AAAD staff unless there is sufficient reason to do so.
  - (2) Computers shall face away from doorways or have filters that block visibility to anyone other than the person using the computer.
  - (3) Computers shall not be left unattended when consumer information is displayed on the computer monitor.
  - (4) Each AAAD shall designate personnel who shall have access to the consumer information collected on the computer.
  - (5) Staff and volunteers working with consumer information shall sign statements of confidentiality.
- (F) Files – Every effort shall be made to protect the confidentiality of consumer files.
  - (1) Hard copy consumer files shall not be left unattended at any time.
  - (2) Hard copy files shall be stored in locked files cabinets or locked rooms when not in use.
  - (3) Hard copy files of consumers who are no longer enrolled in programs shall be kept for six years following termination of service and if still inactive shall be shredded.
  - (4) Electronic consumer files shall be backed up and archived for six years following termination of service and if still inactive shall be deleted.
  - (5) An individual consumer file may be held as a hard copy file or an electronic file

but need not be both.

- (G) Program Specific Guidelines – All calls must be recorded in Beacon.
- (H) Crisis Intervention – The full AIRS Standard for Crisis Intervention may be found in Appendix B. Crisis Intervention is not the primary focus of the TN I&A service; however, I&A Specialists shall be prepared to handle any call that comes in through the I&A service.
  - (1) The I&A Specialist shall have the intervention skills to:
    - (a) de-escalate and stabilize the individual and help him/her remain calm;
    - (b) help the inquirer talk about and work through his/her feelings as part of the assessment and problem solving stages of the interview; and
    - (c) endeavor to keep the inquirer on the telephone pending referral or rescue.
  - (2) The I&A specialist shall have the skills to recognize the warning signs of persons at imminent risk of suicide, violence or victimization (including signs of abuse/neglect, domestic violence and risk of homicide or self-harm) whether the risk issues are explicitly stated or implicit.
  - (3) The I&A specialist shall have the skills to recognize when an inquirer is in immediate need of intervention, (e.g., when a person is in medical crisis due to alcohol or drug intoxication, has taken steps to end his or her life, is experiencing violence or is experiencing a psychiatric emergency) and shall follow the I&R service's rescue protocol for when to access 911 or other emergency personnel to intervene and save the individual's life.
  - (4) In cases of suspected child abuse or elder abuse, the I&A Specialist shall be familiar with his/her responsibilities under the prevailing legislation of the jurisdiction regarding mandatory reporting and shall file a report when indicated.
- (I) Follow-up – Follow-up calls shall be made, at a minimum when a call was determined to be an endangerment situation. Other reasons to make follow-up calls include:
  - (a) when an inquirer is referred to another agency or organization unknown to the AAAD,
  - (b) when an inquirer requests a follow-up call, or
  - (c) if the I&A Specialist is uncertain about the inquirer's ability to follow through with the referral.Requests for permission to call back for follow-up shall be obtained during the initial call.
- (J) Monitoring / Quality Assurance – Each AAAD shall conduct consumer satisfaction

using a standardized tool in a pre-determined process.

## II. – RESOURCE DATABASE

### Resources

- (A) The State and AAAD level resource databases shall use the standard service classification system (Taxonomy of Human Services) established by AIRS.
- (B) The AAAD resource database must contain, at minimum, information and/or available services (may be accessed by a “keyword”) addressing the following topics.

- |  |   |
|--|---|
| (1) Adult Day Care                                 | (23) Home Modification/Repair                         |
| (2) Assistive Technology                           | (24) Hospitals  |
| (3) Assisted Transportation                        | (25) Housing  |
| (3) Assisted Transportation                        | (a) Assisted Living Facilities                        |
| (4) Caregiver Support                              | (b) Board and Care Housing                            |
| (5) Case Management                                | (c) Congregate Living                                 |
| (6) Grandparent Support                            | (d) Retirement Communities                            |
| (7) Chores   | (e) Senior Housing                                    |
| (8) Congregate Meals                               | (f) Subsidized Housing                                |
| (9) Education/Training<br>(Senior Centers)         | (26) Individual Counseling                            |
| (10) Emergency/Disaster<br>Resources               | (27) In Home Adult Care (Respite)                     |
| (11) Food Supplements                              | (28) Information & Assistance                         |
| (12) Geriatricians                                 | (29) Institutional Respite                            |
| (13) Health Education<br>(Senior Centers)          | (30) Legal Assistance                                 |
| (14) Home Injury Control                           | (31) Long Term Care Facilities<br>(Nursing Homes)     |
| (15) Health Clinics                                | (32) Material Aid                                     |
| (16) Health Promotion/Wellness<br>(Senior Centers) | (33) Medical Equipment                                |
| (17) Health Risk Assessment                        | (34) Medicare & other Related<br>Insurance Counseling |
| (18) Health Screening                              | (35) Medication Management,<br>Screening & Education  |
| (20) Home Delivered Meals                          | (36) Mental Health Clinics                            |
| (21) Home Health Care Agencies                     | (37) Nutrition Related Services<br>(Nutrition Sites)  |
| (22) Homemaker                                     | (38) Personal Care                                    |

- (39) Personal Emergency Response System
- (40) Pest Control
- (41) Physical Fitness/Exercise (Senior Centers)
- (42) Public Benefits
  - (a) Medicare
  - (b) QMB, SLMB, QI-1
  - (c) Medicare Part D/Premium Assistance
  - (d) Medicaid/TennCare
  - (e) Veterans
  - (f) Social Security Disability
  - (g) Supplemental Security Income
  - (h) Food Stamps
  - (i) Older Americans Act Programs
- (43) Public Guardianship for the Elderly
- (44) Recreation (Senior Centers)
- (45) Rehabilitation Hospitals
- (46) Representative Payee Services
- (47) Shopping Assistance/Errands
- (48) Support Groups
- (49) Telephone Reassurance
- (50) Transportation
- (51) Visiting
- (52) Volunteers Opportunities
  - (a) Guardianship Program
  - (b) Ombudsman Program
  - (c) Nutrition Program
  - (d) Senior Centers
  - (e) SHIP/SMP/VISTA

(C) Each AAAD shall populate a resource database within the Beacon software developed by Synergy Software Inc. The Beacon resource database shall be comprehensive in the type of information that it contains. This database shall contain the following information for each entry:

- (1) Resource/Agency Name:
- (2) Type of Service:
- (3) Active (or De-Active: regarding the agency's status on taking new clients):
- (4) Residential Address
- (5) Mailing Address
- (6) Telephone Number
- (7) Fees (if applicable)
- (8) Days/Hours of Operation

Each Entry within the database must also be indexed with appropriate keywords that apply to the Entry.

### **Inclusion Criteria**

- (A) Non-profit 501 (c) (3) tax exempt organizations or government agencies that provide

a free, low cost, or sliding-fee scale services (social, educational or health and human service) and elected officials that either have offices in Tennessee or provide services within the State of Tennessee.

- (B) Organizations such as churches, social clubs, professional networks and organizations which offer a service to the community at large (not just their own members), or who have volunteer groups who will provide volunteer services to the community.
- (C) For-profit businesses or organizations that offer free, low cost, or sliding-fee scale health and human service programs. Individuals, private agencies/organizations who do not offer a free, low cost, of sliding fee service will be included ONLY if they provide a service not otherwise available within the community or as authorized by the AAAD.
- (D) Advocacy groups or self-help support groups that are related to Aging and Disability issues.
- (E) Community service organizations (Lions, Elks, Shriners, etc.) that offer or sponsor ongoing services to the public at large.
- (F) National/International organizations located outside Tennessee that provide community services, support, or information available online or by telephone.

### **Exclusion Criteria**

- (A) Agencies or organizations that provide services which are not available to the general public, or which are available only to persons holding membership or status in a specific group or other organization shall be excluded.
- (B) Agencies that deny service on the basis of color, race, religion, gender, nationality, or on any other basis not permitted by law. Agencies or organizations that offer or provide services which are unlawful under federal, state, or local statute, ordinance, regulation, or order shall be excluded.
- (C) Agencies or organizations that misrepresent, by omission or commission, pertinent facts regarding their services, organizational structure, or any other pertinent matter shall be excluded.

### **Database Maintenance**

- (A) Each AAAD shall develop a procedure to update and maintain the accuracy of the data within the database.
- (B) All data within the database will be reviewed annually by appropriate AAAD staff to ensure that all the information in the database is accurate.

### **III. – REPORTS AND MEASURES**

#### **Data Collection**

- (A) The primary goal of data collection is to garner enough information about inquirers to help them address and/or resolve their problems. The standardized forms for enrollment in each program will determine the amount of personal information needed from the enrollee. Data that is collected may also be used to identify:
  - (1) Gaps in services;
  - (2) Insufficient Resources or Service Shortages;
  - (3) Trends in Community Service Provision;
  - (4) Duplication of Services;
  - (4) Demographic Data; and
  - (5) Profiles of Inquirers Served.
- (B) Data collected including mailing lists or personally identifying information shall never be shared without the written consent of the consumer or with documentation of verbal approval in the record.

#### **Reports**

- (A) TCAD may request aggregate information as needed for reporting purposes, internal analysis, desktop monitoring, and to support planning or advocacy.
- (B) I&A reports to TCAD shall be submitted:
  - (1) in the format requested
  - (2) in a timely manner
  - (3) be supported by the required documentation
- (C) I&A service providers will utilize the Beacon reporting system established by the State Agency. The system of reports generated from this data will be utilized to evaluate the process and outcome of the I&A program.

#### **Analysis of I&A Contacts**

- (A) Consumer Satisfaction – Follow-up surveys of inquirers using a standardized tool and procedure will determine if the I&A system is responsive to the public. The surveys may be conducted by a follow-up call or e-mail to the inquirer or a survey on the website to determine the satisfaction of the inquirer with the I&A service received. Examples of established procedures include surveying every inquirer on predetermined days or every tenth caller in a designated week. Surveys of consumer satisfaction shall be conducted by the AAAD annually.

- (B) Needs Assessments – The I&A system shall be used as the basis for collecting data to identify gaps in services such as waiting lists, non-existent services, geographic barriers, language barriers, etc. to analyze patterns for future service needs.

#### IV. – COOPERATIVE RELATIONSHIPS

##### **Partnerships**

- (A) Each AAAD shall identify regional agencies providing I&R and show evidence of partnerships developed through:
  - (1) face-to-face meetings to share information and develop a working relationship
  - (2) joint projects
  - (3) signed formal agreements as appropriate (MOU, MOA, etc.)
- (B) Each AAAD shall identify and form partnerships with regional I&R service providers, other agencies or organizations that might refer people to the AAAD to share information and develop a working relationship.
- (C) Examples of potential I&R and I&A Partners may include, but shall not be limited to: Tennessee Disability Pathfinder ([www.familypathfinder.org](http://www.familypathfinder.org)), 2-1-1, Ask-A-Nurse, Crisis Hotlines, Senior Centers, Health Assist Tennessee, Department of Human Services, Adult Protective Service, Crisis Intervention Agencies, Hospitals, Alzheimer's Association, Centers for Independent Living, Health Department, Family Support Program, Employee Assistance Programs, AARP, Service Providers, etc.

#### V. – ORGANIZATIONAL REQUIREMENTS

##### **Competencies**

See Area Agency responsibilities above concerning qualifications for I&A Specialists and certification. In addition the I&A Specialist shall have the following knowledge and skills to:

- (A) Meet the needs of people who are angry and hostile, are manipulative, call frequently with the same problem, or are otherwise difficult to serve.
- (B) Meet the needs of special populations. (i.e., older adults, consumers with dementia, and people with disabilities).
- (C) In cases of domestic violence or other endangerment situations, to take special precautions to safeguard the inquirer's identity and all aspects of the interview.
- (D) Use appropriate disability language.
- (E) Use the resource database and record calls/contacts and accurately document data for each inquiry in Beacon.
- (F) Give unbiased information about public and private services in the region.

- (G) Provide accurate and up-to-date information and resources in a manner that is consistent with the inquirer's education, experience, and degree of disability.
- (H) Provide information and assistance services in a manner that respects the values, origin, age, and background of the inquirer.
- (I) Continuously update and maintain a database of information and referral sources
- (J) Follow-up with inquirers when required by circumstances of limited capacity or endangerment, or to access the quality of service of the referral agency.
- (K) Assist with developing cooperative relationships with other local I&R agencies, the local service delivery systems and regional and state associations.

### **Staff**

- (A) At minimum each AAAD should employ one full-time equivalent I&A Specialist with sufficient backup staff to handle vacation and sick days, lunch hours, etc.
- (B) One designated person for SHIP calls and sufficient backup staff to handle vacation and sick days, lunch hours, etc.
- (C) Staff development and training shall include required maintenance of certification and other training mandated by the State Agency.

### **Site Requirements**

- (A) Each AAAD shall complete the current U.S. Department of Justice "Checklist for Existing Facilities: The Americans with Disabilities Act (ADA) Checklist for Readily Achievable Barrier Removal" (<http://www.usdoj.gov/crt/ada/checktxt.htm>) to identify and remove barriers to accessibility. An answer table is available from the State Agency.
- (B) If the AAAD moves to a new facility, the facility shall be ADA compliant.
- (C) Each AAAD shall provide private space for one-on-one counseling with consumers.
- (D) Each AAAD shall provide the technology and software to support the I&A service.

### **Quality Assurance and Monitoring**

Each AAAD will monitor internally the I&A service and cooperate with the TCAD Quality Assurance Unit.

## **VI. – DISASTER PREPAREDNESS**

### **Emergency Support Function Responsibility**

TCAD will designate a certified Emergency Services Coordinator (ESC) to the State Emergency Operations Center. The ESC shall comply with the requirements of the Emergency Support

Function (ESF). TCAD, with the cooperation of the AAADs, will utilize the available resources across the state to assist with the ESF duties in a disaster. In the event of an emergency that requires the involvement of TCAD, the Emergency Services Coordinator and AAAD Director will coordinate the response in that region, fully cooperating with the State Emergency Operations Center. Implementation of the Disaster Plan will be followed. ESF Services which may be employed, depending on the need, include the following:

- (A) Temporary shelter in designated senior centers
- (B) Helping with mass feedings
- (C) Helping with evacuation
- (D) Use of facilities as temporary morgues
- (E) Counseling and Advocacy
- (F) Information and Referral
- (G) Legal Services
- (H) Senior Volunteers
- (I) Transportation
- (J) Special Needs Transportation
- (K) Centralized nutrition sites
- (L) Home-delivered meals
- (M) Homemaker services

#### **Flow of Information**

- (A) The TCAD Emergency Services Coordinator will respond to the State Emergency Operations Center.
- (B) The AAADs in the affected area will report to the TCAD Emergency Services Coordinator and will coordinate with the local Emergency Management Agencies.
- (C) The TCAD Emergency Services Coordinator, with the guidance of the Executive Director of the TCAD, will support the mission of the State Emergency Operations Center.
- (D) The I&A Specialist will direct inquirers to the nearest emergency shelter/services and/or collect information about how to locate consumers who can not leave their home without assistance.

## 12.5 APPENDIX A

### **Alliance of Information and Referral Systems (AIRS)**

AIRS is an international membership association for professional information and referral providers. AIRS offers training and accreditation in providing information and referral. The complete and most current AIRS standards may be found at [www.airs.org](http://www.airs.org) – the AIRS website. Permission to use the summary or any other sections of the AIRS Standards Manual was granted to the State Agency (November 2006).

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### **SUMMARY OF AIRS STANDARDS - 2006**

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#### **SECTION I. – SERVICE DELIVERY**

The standards in Section I describe the service delivery functions essential for providing information and referral and assuring access for all, including a brief individual assessment of need; a blend of information, referral and advocacy in order to link the person to the appropriate service; crisis intervention, when warranted; and follow-up, as required.

#### **Standard 1: Information Provision**

The I&R service shall provide information to an inquirer in response to a direct request for such information. Information can range from a limited response (such as an organization's name, telephone number, and address) to detailed data about community service systems (such as explaining how a group intake system works for a particular agency), agency policies, and procedures for application.

#### **Standard 2: Referral Provision**

The I&R service shall provide information and referral services in which the inquirer has one-to-one, human contact with an I&R specialist (paid or volunteer). The referral process consists of assessing the needs of the inquirer, identifying appropriate resources, assessing appropriate response modes, indicating organizations capable of meeting those needs, providing enough information about each organization to help inquirers make an informed choice, helping inquirers for whom services are unavailable by locating alternative resources, and, when necessary, actively participating in linking the inquirer to needed services.

#### **Standard 3: Advocacy/Intervention**

The I&R service shall offer advocacy, when necessary, to ensure that people receive the benefits

and services to which they are entitled and that organizations within the established service delivery system meet the collective needs of the community. For purposes of these standards, “advocacy” does not include legislative advocacy (lobbying). All advocacy efforts shall be consistent with written policies established by the governing body of the I&R service and shall proceed only with the permission of the inquirer.

#### **Standard 4: Crisis Intervention**

Although most I&R services do not promote themselves as formal crisis intervention centers, most receive occasional requests for assistance from people in crisis and must therefore equip their staff to handle them appropriately. The I&R service shall be prepared to assess and meet the immediate, short-term needs of inquirers who are experiencing a crisis and contact the I&R service for assistance. Included is assistance for individuals threatening suicide, homicide or assault; suicide survivors; victims of domestic abuse or other forms of violence, child abuse/neglect or elder/dependent adult abuse/neglect; sexual assault survivors; runaway youth; people experiencing a psychiatric emergency; chemically dependent people in crisis; survivors of a traumatic death; and others in distress.

#### **Standard 5: Follow-Up**

The I&R service shall have a written policy which addresses the conditions under which follow-up must be conducted. The policy shall mandate follow-up with inquirers in endangerment situations and in situations where the specialist believes that inquirers do not have the necessary capacity to follow through and resolve their problems. The policy must also specify a percentage of other inquiries for which follow-up is required in order to assess overall service performance. Additional assistance in locating or using services may be necessary.

### **SECTION II. – RESOURCE DATABASE**

The I&R service shall develop, maintain, and/or use an accurate, up-to-date resource database that contains information about available community resources including detailed data on the services they provide and the conditions under which services are available. If the I&R service maintains a resource database of Web sites on the Internet, Resource Database Standards 6 through 10 still apply.

#### **Standard 6: Inclusion/Exclusion Criteria**

The I&R service shall develop criteria for the inclusion or exclusion of agencies and programs in the resource database. These criteria shall be uniformly applied and published so that staff and the public will be aware of the scope and limitations of the database.

**Standard 7: Data Elements**

A standardized profile shall be developed for each organization that is part of the local community service delivery system or other geographic area or service sector covered by the I&R service.

**Standard 8: Classification System (Taxonomy)**

The I&R service shall use a standard service classification system to facilitate retrieval of community resource information, to increase the reliability of planning data, to make evaluation processes consistent and reliable, and to facilitate national comparisons of data. Additional classification structures such as keywords may supplement the Taxonomy.

**Standard 9: Indexing the Resource Database/Search Methods**

Information in the resource database shall be indexed and accessible in ways that support the I&R process.

**Standard 10: Database Maintenance**

The resource database shall be computerized, maintained by trained resource staff and updated through continual revision at intervals sufficiently frequent to ensure accuracy of information and comprehensiveness of its contents.

**SECTION III. – REPORTS AND MEASURES**

Section III describes inquirer data collection, analysis and reporting functions of the I&R service.

**Standard 11: Inquirer Data Collection**

The I&R service shall establish and use a computerized system for collecting and organizing inquirer data which facilitates appropriate referrals and provides a basis for describing requests for service, identifying service gaps and overlaps, assisting with needs assessments, supporting the development of products, identifying issues for staff training and facilitating the development of the resource information system. Inquirer data includes information gathered during follow-up as well as that acquired during the original contact.

**Standard 12: Data Analysis and Reporting**

The I&R service shall develop reports using inquirer data and/or data from the resource database to support community planning activities (or planning at other levels), internal analysis and advocacy.

## **SECTION IV. – COOPERATIVE RELATIONSHIPS**

This section focuses on the responsibilities of the I&R service to the local I&R system, the local community service delivery system, and state or provincial, regional, national and international I&R networks.

### **Standard 13: Cooperative Relationships within the Local I&R System**

In communities which have a multiplicity of comprehensive and specialized I&R providers, the I&R service shall develop cooperative working relationships to build a coordinated I&R system which ensures broad access to information and referral services, maximizes the utilization of existing I&R resources, avoids duplication of effort and encourages seamless access to community resource information. I&R services within the system may choose to be “full service” programs performing all necessary I&R functions within their designated service area; or may prefer to partner with one or more I&R services to share those functions. (E.g., one I&R service might build and maintain the resource database and another might assume responsibility for service delivery.)

### **Standard 14: Cooperative Relationships within the Local Service Delivery System**

The I&R service shall strive to develop cooperative working relationships with local service providers to build an integrated service delivery system which ensures broad access to community services, maximizes the utilization of existing resources, avoids duplication of effort and gaps in services, and facilitates the ability of people who need services to easily find the most appropriate provider.

### **Standard 15: Cooperative Relationships Among Local, State or Provincial, Regional, National, and International I&R Providers**

Comprehensive and specialized I&R services at all geographic levels (local, state/provincial, regional, national and international) shall strive to develop formal and informal working relationships with the objective of broadening the availability of information and referral to all inquirers, facilitating access to appropriate resources regardless of their origin and/or location, avoiding duplication of effort and funding, expanding the effectiveness of social analysis with more global information about needs and services, and augmenting the impact of advocacy efforts through coordination, where possible.

**Standard 16: Participation in State or Provincial, Regional, National, and International I&R Associations**

The I&R service shall strive to strengthen state or provincial, regional, national, and international I&R networks by becoming active in planning, program development, advocacy, training, and other efforts at these levels.

**SECTION V. – ORGANIZATIONAL REQUIREMENTS**

Organizational Requirements describe the governance and administrative structure an I&R service needs in order to carry out its mission. Included are establishing itself as a legal entity, providing for ongoing program evaluation, developing policies and procedures which guide the organization, developing an organizational code of ethics, establishing sound fiscal practices, providing a conducive physical environment, managing personnel, providing for staff training, and increasing public awareness regarding the availability of information and referral services and their value to the community.

**Standard 17: Governance**

The auspices under which the I&R service operates shall ensure the achievement of I&R goals and meet the stated goals of funders.

**Standard 18: Personnel Administration**

The I&R service shall provide a framework and mechanisms for program and personnel management and administration that guarantee the continuity and consistency required for effective service delivery.

**Standard 19: Staff Training**

The I&R service shall have a training policy and make training available to paid and volunteer staff.

**Standard 20: Promotion and Outreach**

The I&R service shall establish and maintain a program which increases public awareness of I&R services, their objectives, and their value to the community.

**SECTION VI. – DISASTER PREPAREDNESS**

The Disaster Preparedness standard explains the requirements an I&R service must meet in order to best position itself to connect people to critical resources in times of disaster. Although most

I&R services do not promote themselves as disaster service agencies, in the past decade I&Rs have been identified as natural community partners for the dissemination of information about community based disaster-related services. In the wake of September 11th and the institutionalization of 2-1-1, it has become prudent business practice for I&R services to be prepared for disaster response and equip staff to handle disaster-related inquiries appropriately. The I&R service shall be prepared to assess and provide referrals for inquirers who are experiencing a crisis due to a disaster of natural or human origin, or who want to offer assistance and contact the I&R service for a means to do so. Preparation includes a plan for the I&R to continue to provide services if its building is damaged or destroyed; and the ability to effectively accumulate and disseminate accurate disaster-related information, provide information and referral assistance for individuals impacted by a disaster and provide community reports on inquirer needs and referrals.

#### **Standard 21: Emergency Operations and Business Contingency Plan**

The I&R service shall have a written emergency operations and business contingency plan that specifically addresses disasters common to the area, but one that also prepares for emergencies in general. The plan shall reference emergency preparedness and mitigation activities such as structural alterations and changes in business operations; and shall address the steps to be taken before, during and after an emergency to prevent or minimize interruptions in business operations and assure long term recovery.

#### **Standard 22: Formal Relationships with Government and Private Sector Emergency Operations and Relief Agencies**

The I&R service shall participate in ongoing cooperative disaster response planning in the community and shall take all steps that are necessary to become recognized as an integral part of the community's emergency preparedness and response network.

#### **Standard 23: Pre- and Post-Disaster Database**

The I&R service shall develop, maintain, and/or use an accurate, up-to-date computerized resource database that contains information about available community resources that provide services in times of disaster. Database records shall include detailed descriptions of the services organizations provide and the conditions under which services are available; and shall be indexed and accessed using the Disaster Services section of the AIRS/INFO LINE Taxonomy of Human Services.

**Standard 24: Disaster-Related I&R Service Delivery**

The I&R service shall provide information and referral services to the community during (when appropriate) and following a disaster or other emergency. This service shall include assessing the needs of the inquirer, evaluating appropriate resources, indicating organizations capable of meeting those needs, helping inquirers for whom services are unavailable by locating alternative resources and actively participating in linking inquirers to needed services or volunteer opportunities.

**Standard 25: Disaster-Related Inquirer Data Collection/Reports**

The I&R service shall track inquirer requests for service, referrals and when appropriate, demographic information about the inquirer; and shall be prepared to produce reports regarding requests for disaster-related services and referral activity.

**Standard 26: Disaster-Related Technology Requirements**

The I&R service shall have technology in place that facilitates the ability of the organization to maintain service delivery during times of disaster or a localized emergency.

**Standard 27: Disaster Training and Exercise**

The I&R service shall train staff on emergency operations and business expectations upon hiring and shall provide ongoing training at least annually thereafter. The I&R service shall actively participate in community disaster exercises to test the organization's emergency operations plan.

## 12.6 APPENDIX B

### CRISIS INTERVENTION - AIRS STANDARDS – 2006

#### **Standard 4: Crisis Intervention**

Although most I&R services do not promote themselves as formal crisis intervention centers, most receive occasional requests for assistance from people in crisis and must therefore equip their staff to handle them appropriately. The I&R service shall be prepared to assess and meet the immediate, short-term needs of inquirers who are experiencing a crisis and contact the I&R service for assistance. Included is assistance for individuals threatening suicide, homicide or assault; suicide survivors; victims of domestic abuse or other forms of violence, child abuse/neglect or elder/dependent adult abuse/neglect; sexual assault survivors; runaway youth; people experiencing a psychiatric emergency; chemically dependent people in crisis; survivors of a traumatic death; and others in distress.

#### ***Criteria***

1. The I&R specialist shall have the skills to recognize when an inquirer is experiencing a crisis and shall determine whether the individual is in immediate danger and take steps to ensure that s/he is safe before continuing with the interview. In assault and sexual assault cases, for example, the specialist shall ensure that the assailant is not still in the vicinity and that the individual does not need emergency medical treatment. In domestic violence situations, the specialist shall determine that the abusive person is not present and threatening the inquirer. The specialist shall follow the I&R service's protocol for when to access 911 or other emergency rescue services.
2. The I&R specialist shall have the intervention skills to:
  - De-escalate and stabilize the individual and help him/her remain calm;
  - Help the inquirer talk about and work through his/her feelings as part of the assessment and problem solving stages of the interview;
  - Endeavor to keep the inquirer on the telephone pending referral or rescue.
3. The I&R specialist shall have the skills to recognize the warning signs of persons at imminent risk of suicide, violence or victimization (including signs of abuse/neglect, domestic violence and risk of homicide or self-harm) whether the risk issues are explicitly stated or implicit. In cases of suspected child abuse or elder abuse, the I&R specialist shall be familiar with his/her responsibilities under the prevailing legislation of the jurisdiction

regarding mandatory reporting and shall file a report when indicated.

4. In situations involving suicide or homicide, the specialist shall understand the circumstances under which a lethality assessment is required and shall conduct an appropriate assessment when necessary. Lethality assessments shall be recorded in writing and shall include a description of specific actions taken in response to the situation.

A lethality assessment is an evaluation based on research of how dangerous a situation is and addresses issues such as the person's intention, method, timing and state of mind. Questions include: Has the person already taken steps toward committing suicide by swallowing pills, slashing their wrists? Have there been previous attempts? Does the person have a specific plan? Are the means to carry out the plan readily available? What is the likely timeframe for a life threatening event – the next few minutes or hours or longer? Has the individual had psychiatric help in the past and how do they feel about it? Are there other risk indicators such as depression, hopelessness, feelings of isolation, intoxication, significant recent loss?

5. The I&R specialist shall have the skills to recognize when an inquirer is in immediate need of intervention, (e.g., when a person is in medical crisis due to alcohol or drug intoxication, has taken steps to end his or her life, is experiencing violence or is experiencing a psychiatric emergency) and shall follow the I&R service's rescue protocol for when to access 911 or other emergency personnel to intervene and save the individual's life.
6. In cases of domestic violence and other endangerment situations, the I&R specialist shall take special precautions to safeguard the inquirer's identity and all aspects of their interview.
7. The I&R service may utilize a variety of means to support their ability to conduct rescue services including Caller ID or a call tracing arrangement with the telephone company or the appropriate 911 service. At a minimum, there must be a separate telephone or a separate external line that is available for initiating rescue procedures without interrupting the crisis call. The specialist shall follow the I&R service's protocol for addressing callers who wish to remain anonymous yet require rescue.
8. When feasible, I&R specialists shall connect inquirers in crisis situations to a formal crisis intervention service in their community for longer term assistance and support once the inquirer's immediate, short-term needs have been met. The connection shall be made by direct transfer, when possible, and the specialist shall follow the protocol established by

agreement with the crisis center.

9. In cases where the inquirer has been referred to a formal crisis intervention service rather than transferred directly, the I&R specialist shall follow up to ensure that the individual has the ongoing support s/he needs.
10. If the I&R service does not itself provide a formal crisis intervention service, it shall have prearranged protocols with an appropriate crisis center that does. The arrangements shall be documented in a written MOU, MOA or SLA.
11. The I&R service shall have written crisis intervention policies and procedures that provide call handling protocols for specific types of emergencies. Included shall be lethality assessment procedures, protective measures relating to inquiries from individuals in endangerment situations, protocols that address inquirers who wish to remain anonymous yet require rescue and the organization's rescue protocols.